

Arizona State Retirement System



Ending Payroll Verification

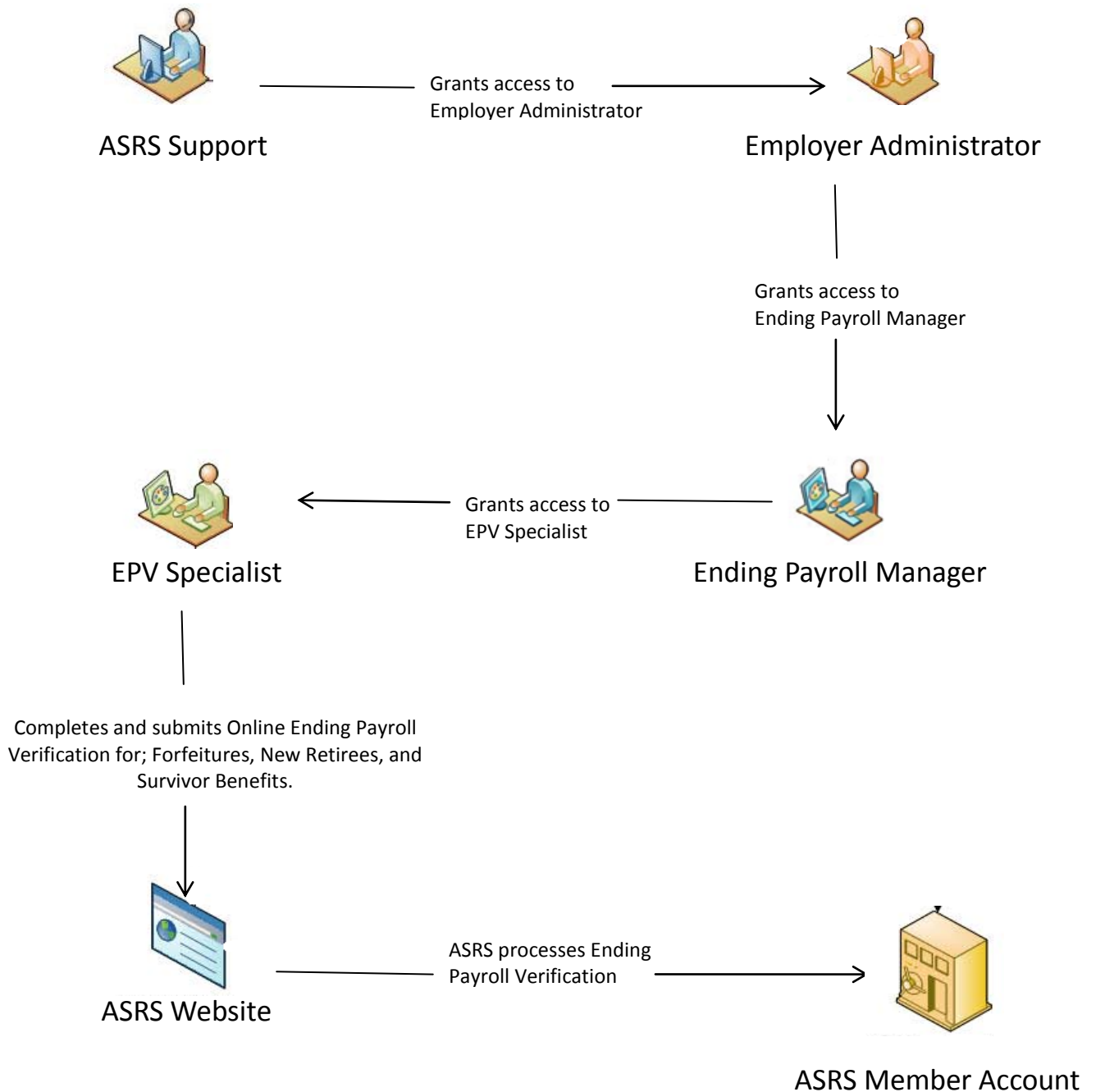
Employer User Guide

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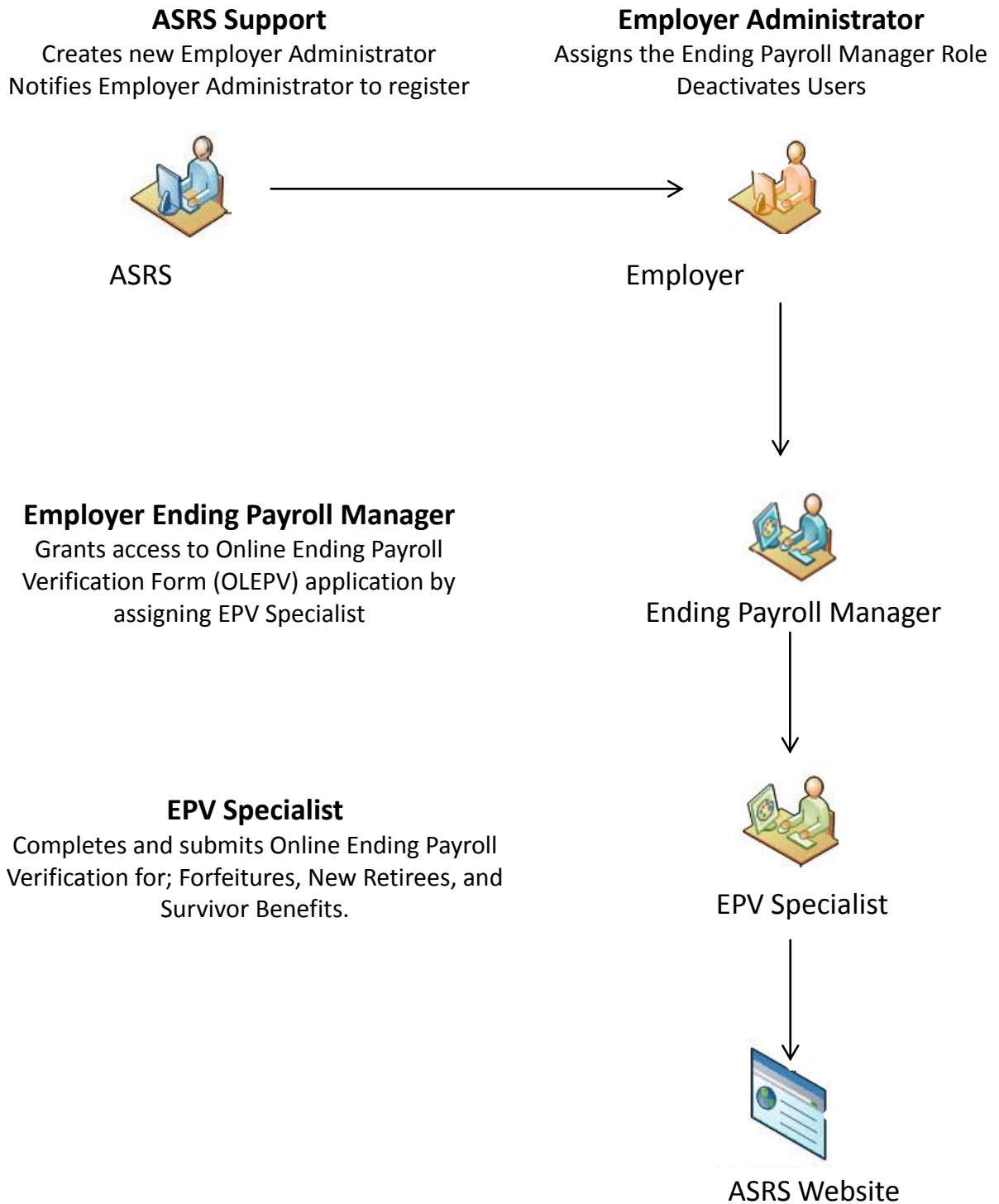
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Section One:
**Online Ending Payroll
Verification (EPV) Process**

Online EPV Process Flow



Online EPV Administration



Section Two:

Getting Started

Online EPV Form

The Employer Administrator must designate an Ending Payroll Manager. The Ending Payroll Manager will designate the Ending Payroll Verification Specialist for the ASRS online application.

The first time accessing the Ending Payroll Verification request, the person's title must be entered in Edit My Profile. This is located towards the bottom of the left navigation pane.

There are three types of Ending Payroll Verification forms; New Retirement, Refund, and Survivor Benefit.

Step 1

EPV Specialist will access employer secure home site at www.azasrs.gov and login.


Click on Ending Payroll Verification in the left navigation pane of the home site to view the current and un-submitted EPV's.

Step 2

Viewing a Current and Un-Submitted EPV Requests

Process Ending Payroll Verification Requests

This page will allow you to verify the termination of employment for the member who requested to either Refund, is a New Retiree or a Survivor Benefit.

 [Click here to open the Ending Payroll Verification User Guide](#)

Show submitted last 6 months

Current and Unsubmitted Ending Payroll Verifications:

Date Requested	SSN	First Name	Last Name	Status	Date Modified
04/06/2012	555-25-5555	Jackie		OPENED	
04/06/2012	545-25-5555	Becky		EDITED	04/09/2012
04/06/2012		Merrill		OPENED	
04/06/2012		David		OPENED	
04/06/2012		Bonny		OPENED	
04/06/2012		Jeffrey		OPENED	
04/06/2012		Suzette		OPENED	
04/12/2012		Elizabeth		OPENED	
04/12/2012		Jeffrey		OPENED	
04/13/2012		Coy		OPENED	
04/23/2012		Christopher		OPENED	

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Click to see submitted EPV's for the past six months- Click and Go to Step 3

Click on any line to open an EPV Form- specific EPV form for details.

See Status Definitions below

Status Definitions:

New	Has not been opened.
Opened	Has been viewed, but no changes have been saved.
Edited	Has been viewed, changes saved, not submitted to ASRS.

Step 3

Submitted within the last 6 months EPV Requests

Process Ending Payroll Verification Requests

This page will allow you to verify the termination of employment for the member who requested to either Refund, is a New Retiree or a Survivor Benefit.

 [Click here to open the Ending Payroll Verification User Guide](#)

Show current requests

No Ending Payroll Verifications submitted in the last 6 months

SSN	First Name	Last Name	Original Submitted Date	Last Resubmission Date	Status
555-25-5555	Frederick		04/23/2012		SUBMITTED
545-25-5555	Elizabeth		04/09/2012		EDITED
	Sonya		04/09/2012		EDITED
	Nan		04/09/2012		SUBMITTED
	Edward		04/09/2012		EDITED
	Christopher		04/09/2012		SUBMITTED
	Petra		04/09/2012		SUBMITTED
	Carolyn		04/09/2012		SUBMITTED
	Bernadette		04/09/2012		SUBMITTED
	Wendy		04/09/2012		EDITED
	Jael		04/09/2012		SUBMITTED
	Kenneth		04/09/2012		SUBMITTED
	Larry		04/09/2012	04/09/2012	RESUBMITTED

User Guide

Click to see current and un-submitted EPV's for the past six months– Click and Go to Step 2

Click on any line to open the EPV Form- Go to required EPV.

See Status Definitions below

To update status press F5 or use refresh on your browser.

Status Definitions:

Submitted	Has not been re-opened, edited or re-submitted
Edited	Is a previously submitted form that has been re-opened, changes saved, not submitted to ASRS.
Resubmitted	Has been viewed, changes saved, not submitted to ASRS

Once the Ending Payroll Verification Form has been is opened, depending on the type of EPV go to the following pages in this document for instructions:

[New Retirement EPV](#) [Pages 10-12](#)

[Survivor Benefit EPV](#) [Pages 13-14](#)

[Refund EPV](#) [Pages 15-16](#)

Section Three:

**Ending Payroll
Verification Forms**

New Retirement EPV

New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required

• You have 30 minutes to fill this form out, please use the save button to avoid losing work.

Member Information ⓘ Information Button is available for each section

SSN	555-55-5555	
Full Name	Jones, Peter	
Termination Date *		
Or		
Last Day of ASRS membership *		
Or		
Not Applicable *	<input type="checkbox"/>	

Member Information auto populates

Enter the termination date, typically the final date employee worked or was paid through.

If the employee did not terminate employment, use the last date of ASRS Membership, or the date the 20/20 criteria was not met.

Click "Not applicable" if the employee did not terminate or change their employment to a status that is no longer eligible for active ASRS membership. Comments are required.

Total Salary Paid

Amount paid to member during their last fiscal year

Total Salary Paid	
-------------------	--

Total Salary paid in the last fiscal year, July 1 through termination date. May be a partial year total, depending on when the employee terminated.

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

*Do not include termination payments in this section

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/01/2012	\$1,500	\$150	Delete
Add Row			

Click to add rows

Enter the last three PPE, Gross wages on which ASRS contributions were withheld.

Do not include Employer contributions or LTD.

Regular base compensation does not include any amounts paid contingent upon termination of employment.

Other Compensation

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages or pay for performance. Identify the payment type (annual, sick, early retirement incentive, termination pay). For detailed information on the payment types click on the following link
[Payment Types Document](#)

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions	
05/23/2011	\$10,000	Termination	\$100	Delete
Add Row ---SELECT ONE--- Indirect Benefits Leave Balance Purchase Longevity Military Differential Non-Accountable Reimbursements Non-Monetary Benefits On Call/Stand By Pay Withheld by Employee Election Pay Withheld by Requirements of Law Performance Retroactive Stability Termination Test payment type1 Unidentifiable Voluntary Separation				

Click to view definitions of payment types.

List all lump sum and periodic payments made in the last five years that were in addition to regular or base compensation.

Enter appropriate PPE, Gross wages on which ASRS contributions were withheld and employee pension contributions.

Do not include Employer contributions or LTD.

Select the appropriate payment type.

Go to payment types document to see definitions above.

Notes and comments to ASRS

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Explanation required if "Not Applicable" is checked under member information.

Employer Information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

☐ **Employer Certification**

- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Verify employer information is current and valid.

Click on Employer Certification, verifying you are the employer user

Button Definitions:

Save	Saves changes and places the EPV back in the current list for additional entry.
Submit	Saves your changes and submits to ASRS for processing. The EPV is moved into the Historical list for future revisions if necessary.
Cancel	Cancel your changes and places the EPV back in the current list.

Survivor Benefit Ending Payroll Verification

Survivor Benefit Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

- You have 30 minutes to fill this form out, please use the **SAVE** button to avoid losing work.

Member Information ⓘ Information Button is available for each section

SSN	555-55-5555
Full Name	Jones, James
Date of Death	03/01/2012
Employee's Last Day Worked *	4/13/2012
Or	
Not Applicable *	<input type="checkbox"/>

Regular (Base) Compensation ⓘ

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

***Do not include termination payments in this section**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/30/2012	\$10,000	\$1,000	Delete
Add Row			

Member Information and Date of Death auto populates

Enter last day employee worked.

In the event that the request was sent in error and employee has not died, then check the "Not Applicable" box.

Click to add rows

Enter the last three PPE, Gross wages on which ASRS contributions were withheld.

Do not include Employer contributions or LTD.

Regular base compensation does not include any amounts paid contingent upon termination of employment.

Other Compensation ⓘ

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages or pay for performance. Identify the payment type (annual, sick, early retirement incentive, termination pay). For detailed information on the payment types click on the following link

[Payment Types Document](#)

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions	
		---SELECT ONE---		Delete
		---SELECT ONE---		Delete
		Indirect Benefits		Delete
		Leave Balance Purchase		Delete
		Longevity		Delete
		Military Differential		Delete
		Non-Accountable Reimbursements		Delete
		Non-Monetary Benefits		Delete
		On Call/Stand By		
		Pay Withheld by Employee Election		
		Pay Withheld by Requirements of Law		
		Performance		
		Retroactive		
		Stability		
		Termination		
		Test payment type1		
		Unidentifiable		
		Voluntary Separation		
Add Row				

Click to view definitions of payment types.

List all lump sum and periodic payments made in the last five years that were in addition to regular or base compensation.

Select the appropriate payment type.

Go to payment types document above for definitions.

Notes and comments to ASRS ⓘ

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Explanation required if "Not Applicable" is checked under member information.

Employer information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

☐ **Employer Certification**

• I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Verify Auto Populated information is current and valid.

Click on Employer Certification, verifying you are the employer user

Button Definitions:

Save	Saves changes and places the EPV back in the current list for additional entry.
Submit	Saves your changes and submits to ASRS for processing. The EPV is moved into the Historical list for future revisions if necessary
Cancel	Cancel your changes and places the EPV back in the current list.

Refund Ending Payroll Verification

Refund Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required

You have 30 minutes to fill this form out, please use the save button to avoid losing work.

Member Information ⓘ

Information Button is available for each section

SSN	123256789
Full Name	Paul Smith
Termination Date *	4/5/2013
Or	
Not Applicable *	<input type="checkbox"/>

If the employee did not terminate employment, then click the "Not Applicable" box.

Comments are required if this option is selected.

Member Information auto populates

Verify the termination date, typically the final day on which employee worked or was paid through.

Termination of employment is required to forfeit and refund contributions.

Final Contributions, Adjustments, or Corrections ⓘ

Amount of Final Contributions, Adjustments, or Corrections (not including LTD Contributions)

Final Pay Period Ending Date for Final Contributions, Adjustments, or Corrections	4/19/2013
Final Contributions, Adjustments, or Corrections	\$99,999

This is in lieu of or in addition to the termination date.

Enter the terminated employee's final contribution

Notes and comments to ASRS ⓘ

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Explanation required if "Not Applicable" is selected under member information.

Employer Information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

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